

## UNITED STATE DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

|  |  |  | والمرابع |
|--|--|--|--|
| APPLICATION NUMBER                           | FILING/RECEIPT DATE  | FIRST NAMED APPLICANT  | ATTORNEY DOCKET NO JTITLE  |
| 08/970,066                                   | 11/13/97 DHAL  | and the second of the second o | P 0-8292   |
|  |  | 24270304   |  |
| DAVID COLE                                   | PORATION   |  | NOT ASSIGNED   |
| PATENT DEPAR<br>575 TECHNOLO<br>CAMBRIDGE MA | IGY SQUARE   |  | 1113   |
|  | The state of the s | DATE MAIL  | ED: 03/04/98   |

## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant

| abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$\text{\tex{\tex |  |  |  |
|--|--|--|--|
| If all required items on this form are filed within the period set above, the total amount owed by applicant as a □/small entity (statement filed) ☑ non-small entity is \$ □/ □/ □/ □/ □/ □/ □/ □/ □/ □/ □/ □/ □/   |  |  |  |
| 1. The statutory basic filing fee is:    Image: Missing insufficient.  |  |  |  |
| 2. Additional claim fees of \$, including any multiple dependent claim fees, are required.  \$ for independent claims over 3.  \$ for dependent claims over 20.  |  |  |  |
| for multiple dependent claim surcharge.  Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.  |  |  |  |
| 3. The oath or declaration: is missing or unexecuted. does not cover the newly submitted items. does not identify the application to which it applies. does not include the city and state or foreign country of applicant's residence. An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required.   |  |  |  |
| 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.  A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.  |  |  |  |
| 5. The signature of the following joint inventor(s) is missing from the oath or declaration:   |  |  |  |
| An oath or declaration in compitance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.  6 A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).  7 Your filing receipt was mailed in error because your check was returned without payment.  9 The application does not comply with the Sequence Rules of CFR 1.821-1.825."   |  |  |  |
| Direct the reply and any questions about this notice to Attention: Box/Missing Parts.  A copy of this notice MUST be returned with the reply.  |  |  |  |

zustomer Service Center

BEST AVAILABLE COPY